



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of:  
**Rincavage**

Serial No.: **10/086,253**

Filed: **March 01, 2002**

Examiner: **R. D. Rines**

Group Art Unit: **3626**

Date: **December 5, 2006**

**For: SYSTEM AND METHOD FOR  
PREVENTING FRAUD AND MISTAKE IN  
THE ISSUANCE, FILING AND PAYMENT OF  
MEDICAL PRESCRIPTIONS**

I hereby certify that this correspondence and/or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Alexandria, VA in accordance with 37 C.F.R. §1.8, on this day

(Date of Deposit) *Dec 5 2006*

(Signature and Date)

*R. D. Rines* *12-5-06*

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Mail Stop -Non Fee Amendment  
Commissioner of Patents and Trademarks

**AMENDMENT**

Sir:

Pursuant to the Official Action dated September 06, 2006 and received in regard to the above-identified application, please enter the following amendments and remarks.

**IN THE CLAIMS**

Please amend the claims as follows:

Insert the following corrected claims.